

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Glaeden for Judge									
To Whom Owed Carrie E. Glaeden						Prior Amount 0.00		Amt. Incurred this Period 852.00	
Address 4377 Bridgeside Place						Item or Purpose for Debt Goods & Service		Outstanding Balance 852.00	
City New Albany				State OH		Zip Code 43054		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				0	1	0	5	0	9
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	
						M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 852.00 (also record on cover page)